**Texas Department of Insurance**
***Division of Workers' Compensation***
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

# *MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION*

## *GENERAL INFORMATION*

**Requestor Name and Address**

ORTHOTEXAS PHYSICAINS AND SURGEONS
4780 NORTH JOSEY LANE
CARROLLTON TX 75010

**Respondent Name**
SENTRY INSURANCE A MUTUAL CO

**Carrier's Austin Representative Box**
Box Number 19

**MFDR Tracking Number**
M4-12-2631-01

**MFDR Date Received**
APRIL 13, 2012

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "On this date of service, you denied this bill stating that the providers state license number was invalid or not received. This is an incorrect denial. The providers state license number is in the appropriate box of 31 on the HCFA form."

**Amount in Dispute:** $98.63

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** "We received the billing from Dr. Heier's office we had denied it as needing the provider's state license number. We did a corrected EOB stating we needed the Referring provider license number, as it was missing or invalid. The license number was not on the bill. We do try to find the physician information on the Texas Medical Board Search so we do not need to deny bills. When we did our search, we searched for 'Joseph Clark' which is what is on the bill without any additional information. We were unable to find anything on the site. The notes also reference 'Joseph Clark, M.D.' as being CC'd on the notes. I did call the providers office to verify the physicians name and license number and was told I needed to contact the patient as they have 'Joseph Clark.' I did a search of old bills and found one with 'Joseph Clark' and a license number of 'L8652'. When we look up the license number of 'L8652' we get a search result of 'Joshua Maxson Clark' Nowhere on the bill or notes is a 'Joshua' referenced for verification."

**Response Submitted by:** Sentry Insurance

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| December 13, 2011 | CPT Code 99213 | $83.63 | $83.63 |
| | CPT Code 99080-73 | $15.00 | $15.00 |
| TOTAL | | $98.63 | $98.63 |

## *FINDINGS AND DECISION*

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 effective August 1, 2011, lists the required information for completing a medical bill.
3. Texas Labor Code §408.023, effective September 1, 2009 sets out the responsibilities of the treating doctor.
4. 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
5. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.
6. 28 Texas Administrative Code §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - 125-Submission/billing error(s).
   - X282-Provider's State License Number is Invalid or was not received.
   - F630-Referring provider license number is missing or invalid. Please resubmit bill with this information included.

**Issues**

1. Who is the claimant's treating doctor on December 13, 2011?
2. Was a completed bill submitted in accordance with 28 Texas Administrative Code §133.10?
3. Is the requestor entitled to reimbursement for CPT code 99213?
4. Is the requestor entitled to reimbursement for CPT code 99080-73?

**Findings**

1. Texas Labor Code §408.023(l) states "The injured employee 's treating doctor is responsible for the efficient management of medical care as required by Section 408.025(c) and commissioner rules."

   On the disputed date of service, the claimant's treating doctor is Keith A. Heier M.D.

   A review of the submitted medical bill lists Keith A. Heier MD, license number MDJ19068 in box 31 of the CMS 1500 as the provider who rendered the service.

2. According to the explanation of benefits, the respondent initially denied reimbursement for CPT code 99213 based upon reason codes "125, X282 and F630."

   The respondent states in the position summary that "we needed the Referring provider license number, as it was missing or invalid."

   28 Texas Administrative Code §133.10 (J) states "name of referring provider or other source (CMS-1500, field 17) is required when another health care provider referred the patient for the services."

   Because Dr. Heier is the treating doctor, this field was not required because he did not need a referral; therefore, the Division finds the respondent's denial reason based upon missing or invalid data by the referring physician is not supported. Reimbursement per Division rules and guidelines is recommended.

3. 28 Texas Administrative Code §134.203(a)(5), states "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   CPT code 99213 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2011 DWC conversion factor for this service is 54.54.

The Medicare Conversion Factor is 33.9764

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75010, which is located in Denton County.

The Medicare participating amount for code 99213 in Denton County is $66.90.

Using the above formula, the MAR is $107.39.

The requestor is seeking a lesser amount of $83.63. The respondent paid $0.00. The requestor is due $83.63.

4. On the disputed date of service the requestor also billed for a work status report using CPT code 99080-73.

CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 Texas Administrative Code §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

28 Texas Administrative Code §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be $15. A doctor shall not bill in excess of $15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section." Therefore, the requestor is due $15.00 for CPT code 99080-73.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $98.63.

## *ORDER*

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent

to remit to the requestor the amount of $98.63 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

| | | |
|---|---|---|
| | | 9/6/2013 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

## *YOUR RIGHT TO APPEAL*

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812**.